

AUTHORITY: State School Aid Act,
Section 99.

COMPLETION: REQUIRED.

STATE USE ONLY

Date Received

Date Approved

A. PROGRAM GRANT APPLICATION**SECTION 99 2002-2003 MATHEMATICS AND SCIENCE CENTERS**

APPLICANT	Legal Name of Center	District Code Number	Telephone (Area Code)
	Address	City	Zip Code
CONTACT PERSON	Name of Director		Telephone (Area Code)

ASSURANCES AND CERTIFICATION: By signing this assurances and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on page 2, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

DATE _____ SUPERINTENDENT OR
AUTHORIZED OFFICIAL _____
SIGNATURE

TYPED NAME _____

DATE _____ CENTER DIRECTOR _____
SIGNATURE

TYPED NAME _____

MAILING INSTRUCTIONS: The ORIGINAL and TWO (2) copies of the Mathematics and Science Centers Program Grant Application must be RECEIVED at the STATE address indicated above by AUGUST 30, 2002.

B. ASSURANCES AND CERTIFICATIONS

-- STATE PROGRAMS --

Assurance Concerning Materials Developed with Funds Awarded Under this Grant

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: "These materials were developed under a grant awarded by the Michigan Department of Education."

Certification Regarding Nondiscrimination Under Federally and State Assisted Programs

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

Certification Regarding Title II of the Americans with Disabilities Act (ADA), P.L. 101-336, State and Local Government Services (for Title II applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities and services of public entities. Title II requires that "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

Certification Regarding Title III of the Americans with Disabilities Act (ADA), P.L. 101-336, Public Accommodations and Commercial Facilities (for Title III applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title II of the ADA for the program or service for which they receive a grant.

ADDITIONAL ASSURANCES---STATE PROGRAMS

- a) The center will administer the program in accordance with the Revised School Code of 1995 and the State School Aid Act, and in accordance with the approved application.
- b) The center will keep records and documentation sufficient to demonstrate compliance with the requirements of the Revised School Code of 1995 and the State School Aid Act, and will provide such information to the State as may be required for fiscal audit and program evaluation.

ADDITIONAL PROGRAM ASSURANCES

THE CENTER AGREES TO:

1. Conduct the program, activities, and operations as described in the strategic plan.
2. Employ qualified staff designated to coordinate and deliver services.
3. Make available access to all qualified pupils and professional staff of schools formally participating in Center programs, including those from nonpublic schools in the designated service area. (Letter of invitation is on file at the Center.)
4. Participate in the Michigan Mathematics and Science Centers Network.
5. Have on file at the Center a detailed plan describing how the Center will evaluate programs, activities, and operations.
6. Submit an annual report of activities, accomplishments, and expenditures by **October 31, 2003**.

SIGNATURE OF SUPERINTENDENT OR AUTHORIZED OFFICIAL

DATE

C. STRATEGIC PLAN

Insert STRATEGIC PLAN (Group A) or STRATEGIC PLAN UPDATE (Groups B, C D & E). See Instructions.

D. RESUME OR VITA

Insert Resume or Vita of Center Director and Regular Staff Members. See Instructions.

E. BUDGET

SP-4849
(Page 4)

INSTRUCTIONS: The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022).

1. BUDGET SUMMARY

LEGAL NAME OF APPLICANT							
RECIPIENT CODE			PROJECT TYPE	ENDING DATE	FY of Approved Activity		
			<input type="checkbox"/> 1 Regular <input type="checkbox"/> 2 Carryover	M M D D Y Y <input type="text"/> 0 <input type="text"/> 9 <input type="text"/> 3 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 3	2 0 0 3		

BUDGET:

OBJECTS:

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 3000, 4000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENDITURES 7000, 8000	TOTAL EXPENDITURES
110	Instruction -- Basic Programs							
120	Instruction -- Added Needs							
130	Instruction -- Adult/Continuing Ed.							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
400	Outgoing Transfers & Other Transactions							
999	INDIRECT CHARGES = Approved Restrictd Rate _____ % Times (Expenses Subtotal Minus Capital Outlay Subtotal)							

TOTAL EXPENDITURES

TRANSACTION PURPOSE:	*AMOUNT OF CHANGE (Use minus sign preceding decreases)
<input type="checkbox"/> 1 Original	
<input type="checkbox"/> 2 Amendment*	\$ _____

FUNDING

DEPARTMENT OF EDUCATION SHARE OF EXPENDITURES

LOCAL SHARE OF EXPENDITURES (Block A Minus Block B)

A
B
C

2. BUDGET DETAIL ---

Explain each line item that appears on the Budget Summary, using the indicated function code and title, on a plain sheet.

DATE	BUSINESS OFFICE REPRESENTATIVE (Type or Print)	SIGNATURE
DATE	PROJECT CONTACT PERSON (Type or Print)	SIGNATURE
	DAVID J. LARWA	
DATE	M.D.E. CONTACT PERSON (Type or Print)	SIGNATURE

● MDE certifies the application is complete and meets the program requirements set forth in statute.

F. BUDGET DETAIL

Provide a spending plan with appropriate budgetary detail.

REMINDERS:

1. Indirect costs are NOT allowed.
2. If applicable, a letter requesting carryover MUST be submitted **before November 1, 2002.**

FISCAL AGENT _____

ADDRESS _____

2002-2003 GRANT AWARD \$ _____

		CARRYOVER 2001-2002	2002-2003 AWARD